PEARLY LOCUS
FINANCE

Medical Equipment Finance Application

Finance your medical equipment. Grow your healthcare business.

Pearly Locus Finance provides financing to qualifying businesses, medical practices, healthcare facilities and other approved entities purchasing medical equipment and capital medical goods supplied through Pearly Locus Medical.

How to send this form
Fill it in on screen or by hand, and sign and date Sections 9 and 10. Then upload it with your supporting documents (Section 8) at **pearlylocusmedical.com/finance**.

FINANCING AVAILABLE	Up to R5,000,000
INDICATIVE INTEREST RATE	From 9.5% per annum
FINANCE PURPOSE	Approved medical equipment and capital medical goods
SUPPLIER	Pearly Locus Medical
FUNDING METHOD	Payment directly to Pearly Locus Medical or an approved supplier
FINAL APPROVAL	Subject to credit assessment, affordability, verification and approval

SECTION 1 Applicant details

Legal business name

Trading name

Registration number

VAT registration number

Entity type

- ☐ Private Company
- ☐ Public Company
- ☐ Close Corporation
- ☐ Partnership
- ☐ Sole Proprietor
- ☐ Medical Practice
- ☐ Healthcare Facility
- ☐ Other

Other entity type:

Tax number

CSD registration number (if applicable)

Years in business

Physical address

Postal address

Business telephone

Email

Website

SECTION 2 Directors, members and owners

DIRECTOR / MEMBER 1

Full name

ID / passport number

Position

Ownership %

Mobile

Email

DIRECTOR / MEMBER 2

Full name

ID / passport number

Position

Ownership %

Mobile

Email

Additional directors / shareholders: please attach a separate schedule if required. The schedule on page 6 has room for three more.

SECTION 3 Medical equipment finance request

Supplier: Pearly Locus Medical

Equipment / capital goods required

	DESCRIPTION	QUANTITY	UNIT PRICE (R)	TOTAL (R)
1				
2				
3				
4				
5				

Total equipment purchase price

R

Deposit / applicant contribution

R

Finance amount requested

R

Preferred finance term

- ☐ 3 months
- ☐ 6 months
- ☐ 12 months
- ☐ 18 months
- ☐ 24 months
- ☐ 36 months
- ☐ Other:

Purpose of equipment

- ☐ New medical practice
- ☐ Expansion of existing practice
- ☐ Hospital / healthcare facility
- ☐ Replacement of existing equipment
- ☐ Government / institutional contract
- ☐ Private-sector contract
- ☐ Purchase order fulfilment
- ☐ Tender fulfilment
- ☐ Other

Other purpose:

SECTION 4 Purchase order / contract information

Is the equipment being purchased against a confirmed order or contract?

☐ Yes ☐ No

If yes:

Customer / contracting authority

Purchase order / contract number

Purchase order date

Contract value

R

Expected customer payment date

Expected delivery date

Payment terms from customer

Attach

☐ Purchase Order ☐ Signed Contract ☐ Tender Award Letter

☐ Letter of Appointment ☐ Other supporting documentation

SECTION 5 Business financial information

Average monthly turnover

R

Average monthly operating expenses

R

Estimated monthly cash surplus

R

Existing monthly debt repayments

R

Requested finance repayment source

Primary banking institution

Account number

Banking period attached

☐ 3 months ☐ 6 months ☐ 12 months

SECTION 6 Existing credit obligations

Please disclose all existing business finance.

	CREDITOR	FACILITY	OUTSTANDING BALANCE (R)	MONTHLY PAYMENT (R)
1				
2				
3				

SECTION 6, CONTINUED Existing credit obligations

Are there currently any:

- ☐ Judgments
- ☐ Defaults
- ☐ Legal proceedings
- ☐ Business rescue proceedings
- ☐ Liquidation proceedings
- ☐ Tax arrears
- ☐ Material disputes with creditors

If yes, provide details

SECTION 7 Security / credit enhancement

Depending on the transaction, Pearly Locus Finance may require one or more forms of security. Please indicate assets available:

- ☐ Medical equipment being financed
- ☐ Personal suretyship
- ☐ Director / shareholder guarantee
- ☐ Cession of receivables
- ☐ Cession of PO / contract proceeds
- ☐ Debtor notification / payment direction
- ☐ Deposit / applicant contribution
- ☐ Additional movable assets
- ☐ Other security

Details

SECTION 8 Document checklist

Applicants should provide the following where applicable. Additional documents may be requested during the assessment process.

COMPANY DOCUMENTS

- ☐ CIPC registration documents
- ☐ Memorandum / founding documents
- ☐ Shareholder / member information
- ☐ Director identification documents
- ☐ Proof of business address
- ☐ Proof of banking details
- ☐ SARS tax compliance information
- ☐ VAT certificate, where applicable
- ☐ CSD registration, where applicable

FINANCIAL INFORMATION

- ☐ Latest annual financial statements
- ☐ Latest management accounts
- ☐ 3–12 months business bank statements
- ☐ Existing debt schedule
- ☐ Latest SARS documentation where required

TRANSACTION DOCUMENTS

- ☐ Pearly Locus Medical quotation
- ☐ Purchase order
- ☐ Signed customer contract
- ☐ Tender award
- ☐ Letter of appointment
- ☐ Delivery schedule
- ☐ Customer payment terms

SECTION 9 Applicant declaration

I / We declare that the information provided in this application is true, accurate and complete to the best of my / our knowledge.

I / We understand that:

- Submission of this application does not constitute approval of finance.
- Pearly Locus Finance may verify the information supplied.
- Pearly Locus Finance may conduct appropriate credit, affordability, identity, company, banking, tax and commercial assessments.
- Approval is subject to the applicable credit policy and execution of final finance documentation.
- The approved amount may be lower than the amount requested.
- The final interest rate, fees, repayment schedule, security requirements and other conditions will be contained in the final finance agreement.
- Finance may be paid directly to Pearly Locus Medical or another approved supplier.
- Equipment may not be released until all required conditions precedent have been satisfied.
- False, misleading or materially incomplete information may result in rejection of the application or enforcement of contractual rights.
- The applicant remains responsible for repayment in accordance with the final finance agreement.

Applicant name

Capacity

Signature

Date

SECTION 10 Consent to verification

I / We authorise Pearly Locus Finance and its authorised service providers, subject to applicable law, to verify information reasonably required to assess this application.

This may include verification of:

- Company registration
- Identity
- Banking information
- Credit information
- Trade references
- Tax information
- Purchase orders
- Contracts
- Tender awards
- Customer information
- Supplier quotations
- Business ownership
- Financial information

Authorised representative

Signature

Date

SCHEDULE

Additional directors, members and owners

Use this page if the business has more than two directors, members or shareholders.

DIRECTOR / MEMBER 3

Full name

ID / passport number

Position

Ownership %

Mobile

Email

DIRECTOR / MEMBER 4

Full name

ID / passport number

Position

Ownership %

Mobile

Email

DIRECTOR / MEMBER 5

Full name

ID / passport number

Position

Ownership %

Mobile

Email

Further owners or notes

For Pearly Locus Finance use only

Application number _____ Date received _____

Finance amount requested R _____ Finance amount approved R _____

Interest rate _____ Finance term _____

Monthly / scheduled repayment R _____ Deposit required R _____

Security required _____

_____

Credit decision

☐ Approved ☐ Approved with conditions ☐ Declined ☐ Further information required

Credit officer _____ Approval date _____

Authorised signature _____